

Family Information Update: *To be completed annually or as family changes occur* County _____

Child's Name: _____ **DOB:** _____

☐ **Annual review** (*all section must be completed*) ☐ **Update** (*complete only those sections that have changed*) State Form 51358(6-03)BCD0094

A. Demographic Information

Head of Household (*Person financially responsible*): _____
Last First MI

Mailing Address: _____

City INDIANA Zip Phone Number: ____ (____) _____

B. Child Diagnosis and Physician information (*Update annually the child's diagnosis and primary care physician. If the diagnosis or physician change throughout the year, please note the change as it occurs. Diagnosis may be confirmed by the Physician's signature on the Physician's Health Summary*)

Diagnosis Name ICD 9 Code

Physician confirming the diagnosis Primary Care Y / N Date

If not the primary care physician, please list: _____

C. Public Insurance Information (*Please check all that apply and list the ID numbers*):

☐ Hoosier Healthwise/Medicaid ID Number _____ ☐ CSHCS ID Number _____

D. Income and Family Size Verification (*Collection of financial information must be completed during a face to face meeting with the family. Income for family members living in the household, must be collected and documented. Family members are defined as the child, the child's parent(s) and the child's siblings with whom the dependent child lives. All natural, adoptive or half-siblings who meet the definition of dependent child must be included in the family group. The income or family size would not include that of a Step Parent. To document changes in family size throughout the year, please note only those elements that have changed. Example documentation of a new sibling, or the change of income for one member of the family, but not all.*)

Name	Relationship to the Child

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NAME OF PERSON RECEIVING INCOME	1		2		3		ANNUAL GROSS INCOME TOTAL
	Gross Amount	How Often	Gross Amount	How Often	Gross Amount	How Often	
Wages/Fees/Commissions/Tips/Sick Benefits							
Employer Tax ID for income listed above:							
Social Security/SSI (SSI NOT counted for CSHCS)							
Dividends/Interest on Savings							
Unemployment Compensation/Strike Benefits							
Alimony/Child Support							
Regular Contributions from persons not living in the household							
Other including: Trustee Assistance, Farm Income, Rental Income, Pensions, Annuities, Trusts, Royalties, Estates, and Military Compensation							

Please attach copies of the 3 most recent consecutive pay stubs, other proof of income, or the current 1040, whichever is most appropriate.

Total Annual Household Gross Income: \$ _____

I have supplied accurate information and agree with the calculations above:

Parent/Guardian: _____ Date: _____

I have reviewed all documentation and/or agree with the calculation above.

Service Coordinator: _____ Date: _____

March 17, 2003

Original: SPOE due April 1, 2003
Copy: SC and family
Billing: Time spent on the completion of this form may be applied toward a contract.

